

**COUNTY GOVERNMENT OF VIHIGA**



**STAFF PERFORMANCE APPRAISAL FORM/REPORT**

**(For Officers on Job Group 'J' and above in the County Public Service.)**

**PAS FORM A**

**Revised 2023**

### **Preamble**

1. The staff performance appraisal system (SPAS) is a component of performance management system in the public service and integrates individual employee work planning, target setting, performance reporting, feedback and appraisal.
2. The overall objective of the SPAS is to manage performance of employees.
3. The appraisal report will be completed by officers in job Group 'J' and above and equivalent grades in the public service. Officers in job groups 'H' and below will complete a separate appraisal report.
4. The appraisee and the supervisor will set specific measurable achievable realistic time bound (**SMART**) targets aligned to the material/Departmental/Directorate/Division/section/unit objectives as indicated in the annual work plan.
5. The SPAS form shall be filled by the Appraisee in consultation with the supervisor
6. The Appraisee and the supervisor should read the SPAS guidelines prior to embarking on the actual appraisal.
7. The completed SPAS report shall be submitted to the Human Resource Officer (HRO) at the end of the appraisal period for deliberation by the Departmental Performance Appraisal Committee.
8. Where the Appraisee is not satisfied with the SPAS evaluation, she/he may appeal to the Departmental Performance Appraisal Committee (DPAC) as provided in the County Performance Management guidelines.
9. Rating scale: The following rating shall be used to indicate the level of performance by an Appraisee.

| Achievement of performance targets                             |           | Rating        |
|--|-----------|---------------|
| Achievement higher than 100% of the agreed performance targets | excellent | 101%+         |
| Achievement upto 100% of the agreed performance targets        | Very good | 100%          |
| Achievement between 80% and 99% of agreed targets              | Good      | 80% - 99%     |
| Achievement between 60% and 79% of agreed performance targets  | Fair      | 60% - 79%     |
| Achievement between 0% and 59% of agreed performance.          | poor      | 59% and below |

10. Performance rating scores shall be based on verifiable evidence
11. Where the Appraisee is not satisfied with the SPAS evaluation, he/she may appeal to the DPMC as provided in the SPAS guidelines.

Period under review: From..... To.....

### **Section 1: Employment Details**

- i. Personal No.....Surname.....  
First Name.....Other names.....
- ii. Designation.....Job Groups.....  
Terms of service.....

iii. Ministry/ Department.....

Section/Unit.....Duty Station.....

iv. Supervisor's Name.....

Designation.....

**Section 2(a): individual performance Targets derived from the departmental /Directorate/ Division/  
Section/ unit/ supervisor's work plan**

|    | (A)<br>Agreed performance Targets   | (B)<br>Performance indicators | (C)<br>Achieved results in line with<br>the<br>performance indicator   | (D)<br>Performance<br>appraisal score<br>(See rating scale) |
|----|---|-------------------------------|--|---|
|    | (To be completed by the Appraiser in consultation with<br>the supervisor at the beginning of the appraisal period |                               | (To be completed by the supervisor in consultation<br>with the Appraiser at the end of the appraisal<br>period |   |
| 1. |   |                               |  |   |
| 2. |   |                               |  |   |
| 3. |   |                               |  |   |
| 4. |   |                               |  |   |
| 5. |   |                               |  |   |
| 6. |   |                               |  |   |
| 7. |   |                               |  |   |
| 8. |   |                               |  |   |
|    | Total appraisal score on performance targets  |                               |  |   |
|    | Mean appraisal score (%)  |                               |  |   |

**Section 2(b): To be signed at the beginning of the appraisal period**

The Appraisee's commitment to achieve the agreed individual performance targets.

Name of Appraisee.....

Signature.....Date.....

Supervisor's Name.....

Signature.....Date.....

*(Immediate Supervisor)*

**Section 2(c): Staff Training and development Needs**

Appraisee's training and development needs in order of priority as identified by the appraisee and

supervisor based on performance gaps.....

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### Section 3: Mid-year Review

| Agreed performance Targets | Performance indicators(s) | Targets changed or added | Remarks (Indicate level of achievement) |
|----------------------------|---------------------------|--------------------------|---|
| 1                          |                           |                          |   |
| 2                          |                           |                          |   |
| 3                          |                           |                          |   |
| 4                          |                           |                          |   |
| 5                          |                           |                          |   |
| 6                          |                           |                          |   |
| 7                          |                           |                          |   |
| 8                          |                           |                          |   |

Supervisor's Name.....

Signature.....Date.....

**Section 4:** supervisor's comments on Appraisee's performance at the end of the year including any factors that hindered performance (please indicate if praise requires to be put on a performance improvement plan/programme. If so, indicate the type.....

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Supervisor's Name.....

Signature.....Date.....

**Section 5:** Recommendation of rewards or sanctions to the County Executive Committee

i. Reward type (Bonus, Commendation letter etc.....

ii. Sanctions (Warning, Separation, etc.....

iii. Minute No.....meeting held on.....

**Signed:**

**Chairperson:** Name.....Signature.....Date.....

**Secretary:** Name.....Signature.....Date.....

**Authorized Officer: Approved/Not Approved.....**

Name.....

Signature.....Date.....